# UNITED STATES DISTRICT COURT

for the

EASTER District of OKIAHOMA

Division

Rodney Douglas STEPHENS

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-V-

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

CIV 19 - 303 JHP

(to be filled in by the Clerk's Office)

FILED

SEP - 9 2019

PATRICK KEANEY Clerk, U.S. District Court

By \_\_\_\_ Deputy Clark

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

#### The Parties to This Complaint I.

### A.

B.

rties to This Company	
The Plaintiff(s)	
Provide the information below needed.  Name All other names by which you have been known: ID Number Current Institution Address	for each plaintiff named in the complaint. Attach additional pages if  Rodney Douglas STepHens  N A  105705  Sess Ounn Correctional Center  P.O. Box 3/6  TAFT  City  State  Zip Code
individual, a government agen listed below are identical to th	of for each defendant named in the complaint, whether the defendant is an acy, an organization, or a corporation. Make sure that the defendant(s) ose contained in the above caption. For an individual defendant, include on) and check whether you are bringing this complaint against them in their capacity, or both. Attach additional pages if needed.
Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer  Address	DICIAHOMA DEPARTMENT OF CARRECTIONS  DICIAHOMA DEPARTMENT OF CARRECTIONS  N/A  OKIAHOMA OF ARTMENT OF CARRETIONS  OKIAHOMA SITY OK  State Zip Code  Individual capacity  Official capacity
Defendant No. 2  Name  Job or Title (if known)  Shield Number  Employer  Address	J. KEUIN STITT  MOVERNOR  N/A  STATE OF OKIAHOMA  2300 N L, ncoln Blud  OKLACIY OK 73105  City State Zip Code

Individual capacity Official capacity

		Defendant No. 3	CHERI ATKINSOM
		Name Job or Title <i>(if known)</i> Shield Number	Medical Services MANAger
	•	Employer Address	DILIAHUNA DEPARTMENT OF CORRETIONS 1901 CIASSEN Blud STITE 20
	•	Addiess	OKC OK 73/06  City State Zip Code
			Individual capacity Official capacity
		Defendant No. 4	
		Name	
		Job or Title (If known) Shield Number	
		Employer	
		Address	
			The Code
			City State Zip Code
			Individual capacity Official capacity
n.	Basis	for Jurisdiction	
	immu Feder	inities secured by the Constitution at	te or local officials for the "deprivation of any rights, privileges, or and [federal laws]." Under Bivens v. Six Unknown Named Agents of (1971), you may sue federal officials for the violation of certain
	A.	Are you bringing suit against (che	ck all that apply):
•		Federal officials (a Bivens cl	
		State or local officials (a § 1	
	B.	the Constitution and [federal laws	ing the "deprivation of any rights, privileges, or immunities secured by s]." 42 U.S.C. § 1983. If you are suing under section 1983, what right(s) do you claim is/are being violated by state or local officials?
٠		8 And 1 A	Mend
	<b>C.</b>	Plaintiffs suing under Bivens may are suing under Bivens, what consofficials?	only recover for the violation of certain constitutional rights. If you stitutional right(s) do you claim is/are being violated by federal

Se 14	(Rev. 12/16	Complaint for Violation of Civil Rights (Prisoner)
	•	
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
		By overchowing
II.		ner Status
	Indica	te whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
	X	Convicted and sentenced state prisoner
	$\boxtimes$	Convicted and sentenced federal prisoner
		Other (explain)
<b>.</b>	State	ment of Claim
	State allege	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the old wrongful action, along with the dates and locations of all relevant events. You may wish to include or details such as the names of other persons involved in the events giving rise to your claims. Do not cite asses or statutes. If more than one claim is asserted, number each claim and write a short and plain ment of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
		If the events giving rise to your claim arose in an institution, describe where and when they arose.
	<b>B.</b>	If the events giving rise to your claim arose in an institution, describe whole and the second of th

Pro	Se L	4 /Rev	12/16\	Complaint	for Viola	tion of	Civil R	iohts f	Prisoner'
riu	26 1	4 ( NEV.	14/107	Compiaint	TOL A POTS	iuoii oi ·	CIVILIA	iziitə t	E 112Offet

C.	What date and approximate time did the events giving rise to your claim(s) occur?
	THE date I was Took T A +R AT Lexing Ton OK
÷	ON 8-21-2015 TIME WAS ABOUT HAM THATORY

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

When I got to Jess Dunn CURRELTIONALCENTER AND
THE WARDEN STARTED TO MAKE THIS MINIMUM TO A
MEDIMUM AND KEEP US LOCK DOWN TRUE COUNT 2-3
HR A day THEN I STARTED TO GET MEDIAL AND
EMOTIONAL DISTRESS THIS HAPPEN IN 2016

### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

ON	PAPER

### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

PUNITIVE DAMASES IN THE AMOUNT OF \$150,000.00

And All Cost ABBOBIATED WITH THESE Pleadings
I medatkly reduce over crowding And THE Money
I Put out FOR Copys OF 120031,200 OF THIS

Case

# VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

	,
A,	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	•
	Jess Dynn Corectional Center.
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	□ No
	Do not know
	If yes, which claim(s)?
	Some of 1T

/16) Complaint for Violation of Civil Rights (Prisoner)
Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?  Yes  No  If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?  Yes  No
If you did file a grievance?  1. Where did you file the grievance?  Sess Dunn Correction Al Center  2. What did you claim in your grievance?
Over Chowding  None  Not Anything  4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)  Requestof STAFF To MR. Clay ulmanaser - 14421?  To the wander SHARON Me Coy Tobals - 14421?  Resubuttal it then on 43115 To ARAIN  Resubuttal it then on 43115 To ARAIN  OKIAHOMA CITY OKAND HAVE NOT GOT IT BACK  As of Now I Have A Copy of I Twithme

10 86 14 (100. 12	/16) Complaint for Violation of Civil Rights (Prisoner)
F.	<ol> <li>If you did not file a grievance:</li> <li>If there are any reasons why you did not file a grievance, state them here:</li> <li>If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:</li> </ol>
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
	(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
The " the fil broug	three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying ling fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, ght an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, cious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent er of serious physical injury." 28 U.S.C. § 1915(g).
	ne best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
<del></del>	Yes
	No.
. 🔼	140

<b>A</b> .	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
	Yes
	No No
В.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	3. Docket or index number
	4. Name of Judge assigned to your case
	5. Approximate date of filing lawsuit
	6. Is the case still pending?
	Yes
	□ No
	If no, give the approximate date of disposition.
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Pro Se 14 (Rev. 12	2/16) Complaint for Violation of Civil Rights (Prisoner)
	X Yes
•	No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)  1. Parties to the previous lawsuit
	· A
	Plaintiff(s) Rodovey Douglas STEPHENS Defendant(s) MICHELLE DILLARD, ET AL.
	2. Court (if federal court, name the district; if state court, name the county and State)
	EASTER dISTRICT - FEDERAL COURT
	3. Docket or index number $C_1 \sqrt{-19-248-RAW-595}$
•	4. Name of Judge assigned to your case  MAGISTRATE Judge STEVEN P. SHREDER
	5. Approximate date of filing lawsuit  6-5-19
	6. Is the case still pending?
	Yes
	□ No
	If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	IT is pending

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisone	risoner	Civil Rights	Violation of Civil	Complaint for	(Rev. 12/16)	ro Se 14 (	ŀ
---	---------	--------------	--------------------	---------------	--------------	------------	---

#### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address whe may be result

	served. I understand that in the dismissal of my case	my failure to keep a current address	on file with the	ase-related papers i Clerk's Office may
	Date of signing:	29-19		
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Rodney Douglas Rodney Douglas IF 105705  DOCC-Clunit TAFT  City	P.O. Bo, OK- State	74463 Zip Code
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney		Ť.	
	Printed Name of Attorney			
	Bar Number			
	Name of Law Firm			
	Address			
		City	State	Zip Code
	Telephone Number	27,277	Diane.	Zip Code
	E-mail Address	,		

JOE M. ALLBAUGH DIRECTOR



J. KEVIN STITT GOVERNOR

## OKLAHOMA DEPARTMENT OF CORRECTIONS Jess Dunn Correctional Center

Date:

May 1, 2019

To:

Stephens, Rodney 105705

Location: Jess Dunn Correctional Center / C-1

From:

Sharon McCoy, Warden Som McLoy 5/10/19

JDG19-11

Your grievance is being returned unanswered for the following reason(s):

	the following reason(s):
	No informal action / "Request to Staff" response or evidence of submission attached. – Section VI.A.  Out of time from date of incident. RTS must be submitted within 7 calendar days of the incident. – Section V.B.  Grievances must be submitted by 15 calendar days from the date of the receipt of the response to the Request to Staff. – Section VI.A.  You were on grievance restriction and/or proper documentation not included.  Grievances shall not be submitted about matters that are in the course of litigation. – Section II.B.  No person may submit a grievance on behalf of another person. – Section III.F.  No additional pages or attachments are allowed – Section VI. A.  Misconduct Report – Section II.B.  Grievances shall not be submitted requesting monetary compensation. Section II.B.  Only one issue or incident allowed per grievance.
	Only one jews and that be submitted requesting monetary compensation. Section U.B.
-	Only one issue or incident allowed per grievance. – Section VI.A.  Not of a sensitive / emergence. – Section VI.A.
1	The sensitive/ellierpency nature Volument City
_	Not of a sensitive/emergency nature. You must follow the standard grievance process, including giving the Grievances shall not be submitted to respond. – Section IX.D.
_	Grevances shall not be submitted that include
	Grievances shall not be submitted that include requests for disciplinary action against staff Section II.B.  Grievance not signed/dated or addressed to the
	Grievance not signed/dated or addressed to the appropriate administrator.  The original only must be submitted, no plant.
	The original only must be submitted, no photocopies.
	Only the current and correct Door
	Only the current and correct DOC grievance (090124A – R 4/19) and "Request to Staff" forms will be accepted.
	This grievance is unanswerable as there are no time frames specified for the alleged action(s) to have occurred.  You have failed to follow previous instructions for filing this grievance. Due to prevent a file of the alleged action(s) to have occurred.
	Tou have falled to follow previous instructions of the dieged action(s) to have occurred
V	to properly file this grievance you are made and provided but to your continued failure
X	Other: You failed to properly submit
	Other: You failed to properly submit your grievance and you will be afforded 10 days from this notice;
	you must follow OP-090124. Additional issues submitted in the grievance that were not presented in the initial RTS and your requested action was different.
	Rodry Stroke 5-10-19 Loss hickory & STATE
	Tigrature of Receipt Date Staff Witness Signature

Date

Staff Witness Signature

THIS OFFICE WILL NOT PROCESS INCOMPLETE/INACCURATE/OUTDATED FORMS WARNING: All of the above can be found in OP-090124, and it is your responsibility to read and follow the OP's. NOTE: Abuse of the grievance process as explained in section IX of OP-090124, can result in restrictions being imposed.

> PO Box 316 TAFT, OK 74463 918-682-7841 FAX 918-682-4372 www.ok.gov/doc

2,

INMATE/OFFENI	DER GRIEVANCE	
Grievance no. <u>JDG-19-11</u>		
Grievance code: 04		APR 2 4 2019
Response due: 5-13-19		Warden's Office Jess Dunn CC
DO NOT WRITE ABOVE THIS LINE		
Date April 19, 2019	Facility or District	XC.
Name Kochey Stephens	Facility Housing Unit	1-1
ODOC Number 105 705 Date	"Request to Staff" response	e received: 4-12-19
Have you previously submitted a grievance on this same grievance # You must submit the response to the "Request to Staff". The "Request to Staff" Do not include/attach anything to this grievance except the quote from or make reference to statutes, operations, field, (time sheets, inventory forms, assessments, etc.). You error(s) made in submitting your grievance.	e issue? No if yes, wh is completed original within must have been submitted ne "Request to Staff" includi	nat date, facility 15 days of the receipt of the within 7 days of the incident. Ing the response. You may
1. The nature of your complaint. This statement in personnel involved, and how you were affected. On this page only, if necessary. On H-B-201 Staff to the C-Unit team whereas, is it is a sustantial shortages and high risk of pro-	nust be specific as to the One issue or incident per gr 19 I Submitted With respect 1 MSK to my so ison Violence.	complaint, dates, places, levance. Use backside of a request to to (Overcrowding) uferly. Staffing
2. Informal action taken (including dates) to resolve the from whom you sought an answer to your grievance The Made Complaints "Verbal" JDCC is overcrowded to 12,2019, on J. Dowling.	e complaint, as well as the n e. advising staff t	ames of those employees
3. The action you believe the reviewing authority may I Stop accepting new inmates a fron County Jails until until down to BD% Capacity, in all o	t the Lexington the ODOC can DOC facilities	
Grievance report sent to (warden/district supervisor/correction かんしん いんしゃく	onal health services admini	strator);
Name Till		
Signature of Srievant Dat	보니요 그 19 e Sent to Reviewing Autho	rity
Original to file     Copy to inmate/offender	-	DOC 090124A (R 7/16)

APR 0 9 2019  Law Library  Jess Dune CC	Inmate/Offender Grie REQUEST TO S	vance Process STAFF	RTS # 144217 ASSIGNED TO: Lt. (
(NAME AND TITLE OF			) UBARTE: 4-8-19
l affirm that I do do not	TIRME 9 OFICUONOS NONAINA	grlevar	nce #:
If a lawsuit is pending, indice This request	have a lowerell of any them	pending that relates in	
SUBJECT: State complete must be specific as to the complesue or incident per "Request being returned unanswered."	ly, but briefly, the problem on v plaint, dates, places, personne to Staff." Your fallure to speci	vhich you desire assis el involved, and how yo fically state your prob	tance. This statement ou were affected. One lem may result in this
Im exhausting m 1997e" Prison Liti and DOC Director	aution Kalarm Un-	レリ ハント ひ ん と ごご	
failed to take or (USE OTHER SIDE )F	poper administra- More space is meeter from	tive actions	to reducere
should be done and how.	exactly now you believe your red	quest may be handled	that is, what exactly
(a) Il cost associ reduce overcrowd	atea with the	se pleading.	S. Imedately
NAME: Rodney Steph	eas doc number: 105	705 UNIT & CELL	NUMBER: <u>Cl-</u>
SIGNATURE: Rodney	telen WORK AS	ssignment: Un	ass.
DISPOSITION:	DO NOT WRITE BELOW TH	IS LINE	
Request densed per a	3 P-090124 entitled	•	evance
lunitive damages	by a vequest to sta	Cf.	etavy '
TAFF MEMBER		4-11-19	
	RECEIVED -DAT	<b>E</b>	
ate response sent to inmate: Original to file Copy to inmate/offender	Law Library Jess Dunn CC	_ DO	C 090124D (R 9/16)

(Overcrowding) including causing delays in the implementation of Programs, understaffing Policymaking. This overcrowding has Strained Sanitation Cacilities, food Supplies, Prison Maintenace 8th Amend.



	FENDER GRIEVANCE	
Grievance no. UDG 19-17 Per Subr	ultal	RECEIVED
Grievanos code:		MAY 2 0 2019 .
Response due: <u>6-9-19</u>	ı	Warden's Office Jess Dunn CC
DO NOT WRITE ABOVE THIS LINE		
Date May 14, 2019	Faoility or District 1	) <u>/</u> (
Name Rodney Stephens	Facility Housing Unit	C-1
ODOC Number 105 705	Date "Request to Staff" respons	se received: <u>4-12-19</u>
Have you previously submitted a grievance on this TIX.C., grievance # The "Request to Staff". The "Request to Do not include/atlach anything to this grievance exquote from or make reference to statutes, operations (lime sheets, inventory forms, assessments, etc.). error(s) made in submitting your grievance.	cept the "Request to Statt" Inclu 1. field, or administrative memora	ding the response. You may
1. The nature of your complaint. This stater personnel involved, and how you were affect this page only, if necessary. ON 4-6-20 to the "C" unit team with its a substantial risk to and high risk of prison	respect to lovercrow, was safety, staf	e complaint, dates, places, grievance. Use backside of tequost to staff. Alag Whereas, 14 fing Shortages
2. Informal action taken (including dates) to reso from whom you sought an answer to your gri Tive Wack Complaints "Ve	evence. 11 advising st	faff that this
Place JDCC is overcrou		y on march.
· 12, 2019, and Dowling		•
3. The action you believe the reviewing authority Puritive damages in the cost associated with teduce overcrowding.	ymay lawfully take. amount of 150.0 These pleadings.	too and.(a) 11. Frediately
Grievance report sent to (warden/district supervisor/d	orrectional health services adm	ninistrator):
Name - Parlmand Steph	Title 5-14-19	
Signature of Grievant	Date Sent to Reviewing Au	horlly
4 Outstand to the		DOC 090124A (R 7/16)
Original to tile     Copy to inmate/of/ender		

Inmate Name: Rodney Stephens DOC Number: 105705  Facility Where Offense/Grievance Occurred: Jess Dunn Coccessional Center Col.  Date of misconduct violation:    Facility Misconduct Appeal Number   Facility Grievance Appeal Number JOG 19-1 (Re Sulpmittal)    Facility Misconduct Appeal Number   Facility Grievance Appeal Number JOG 19-1 (Re Sulpmittal)    I received the response of the reviewing authority at the facility on: 6/3/19    Fill out this form in blue or black ink. Writing must be legible. I wish to appeal the reviewing authority's response to the misconduct/grievance on the following ground(s) only. DO NOT ATTACHANY OTHER PAGES (Use ONLY the back side of this page, I recessary). Your appeal will be returned to you unanswered if any other pages are submitted.    Newly discovered/available evidence not considered by the reviewing authority, relevant to the issue, necessary for a proper decision which if considered may after the decision (you must clearly state the newly discovered/available evidence); or	Misconduct/Grievance Appeal To Administrative Review Authority
Facility Where Offense/Grievance Occurred:    Jess Day Corrections   Center   C    Date of misconduct violation:	Inmata Name P 1
Date of misconduct violation:    Facility Misconduct Appeal Number	Facility Where Offense/Grievance Occurred: Offense/Grievance Occurred:
I received the response of the reviewing authority at the facility on: 6/319  Fill out this form in blue or black ink. Writing must be legible. I wish to appeal the reviewing authority's response to the misconduct/grievance on the following ground(s) only. DO NOT ATTACHANY OTHER PAGES. (Use ONLY the back side of this page, if necessary). Your appeal will be returned to you unanswered if any other pages are submitted.  Newly discovered/available evidence not considered by the reviewing authority, relevant to the issue, necessary for a proper decision, and why the evidence was not previously available which if considered may after the decision (you must clearly state the newly discovered/available evidence); or Probable error committed by the reviewing authority in the decision such as would be grounds for reversal (you must clearly state the error committed by the reviewing authority, including citing the part of procedures or statutes not followed by the reviewing authority.)  Response:  Shale reviewing authority expected its authority be returned any quivas are appeal unanswered. Shale the procedures of statutes and the procedure and the procedure and the statution of the statution of the procedure and the procedure and the statution of the procedure and t	
Fill out this form in blue or black ink. Writing must be legible. I wish to appeal the reviewing authority's response to the misconduct/grievance on the following ground(s) only. Do NOT ATTACH ANY OTHER PAGES. (Use ONLY the back side of this page, if necessary). Your appeal will be returned to you unanswered if any other pages are submitted.  Newly discovered/available evidence not considered by the reviewing authority, relevant to the issue, necessary for a proper decision, and why the evidence was not previously available which if considered may after the decision (you must clearly state the newly discovered/available evidence); or  Probable error committed by the reviewing authority in the decision such as would be grounds for reversal (you must clearly state the error committed by the reviewing authority, including citing the part of procedures or statutes not followed by the reviewing authority).  Response:  The reviewing authority exceeds it authority be returned authority by the reviewing authority.  Response:  The reviewing authority exceeds it authority by the reviewing authority.  The reviewing authority of the control	☐ Facility Misconduct Appeal Number    Facility Grievance Appeal Number   Sog 19-11   Re-Sulpmittal)
Newly discovered/available evidence not considered by the reviewing authority, relevant to the issue, necessary for a proper decision, and why the evidence was not previously available which if considered may after the decision (you must clearly state the newly discovered/available evidence); or  Probable error committed by the reviewing authority in the decision such as would be grounds for reversal (you must clearly state the error committed by the reviewing authority, including citing the part of procedures or statutes not followed by the reviewing authority).  Response:  The reviewing authority exceeded its authority be statuturing my griversus appear suranswered. See  Little vs. Jones (507 F. 35 1245 (1046 Cir. 2010). Per  Prison Litigation Reform Act (PRA) 42 115 (1997(c))  I'm bringing my complaint to the attaction of the Administrative Review Authority or Chief Medical Officer, and that this form is also a request for disbursement of funds from my available. But May Status  Signature of Inmate.	I received the response of the reviewing authority at the facility on: 6/3/19
Newly discovered/available evidence not considered by the reviewing authority, relevant to the issue, necessary for a proper decision, and why the evidence was not previously available which if considered may alter the decision (you must clearly state the newly discovered/available evidence); or  Probable error committed by the reviewing authority in the decision such as would be grounds for reversal (you must clearly state the error committed by the reviewing authority, including citing the part of procedures or statutes not followed by the reviewing authority).  Response:  The reviewing authority exceeded to authority be returned authority of the part of procedures or statutes.  The reviewing authority exceeded to authority be returned authority of the part of procedures or statutes.  The reviewing authority exceeded to authority be returned authority of the part of procedures or statutes.  The reviewing authority of the part of procedures or statutes.  The reviewing authority of clief Medical Officer, and that this form is also a request for disbursement of funds from my rust fund draw account. If I do not have enough funds to cover this cost, the amount will be collected as soon as funds become signature of inmater.	Fill out this form in blue or black ink. Writing must be legible. I wish to appeal the reviewing authority's response to the misconduct/grievance on the following ground(s) only. DO NOT ATTACH ANY OTHER PAGES. (Use ONLY the back side of this page, if necessary). Your appeal will be returned to you unanswered if any other pages are submitted.
Probable error committed by the reviewing authority in the decision such as would be grounds for reversal (you must clearly state the error committed by the reviewing authority, including citing the part of procedures or statutes not followed by the reviewing authority).  Response:  The reviewing authority exceeded its authority be returning my grivature appeal enansured. See  Little vs. Jones (207 F. 3st 1245 (1046 Cir 2010). Per  Prison Litigation reform Act (PLRA) 42 11.5. (1997(e))  I'm bringing my complaint to the attration of the plannes trative Terrewing Authority. This facility is over Crowded.  I understand that in accordance with OP-060125/OP-090124, I will be charged \$2 to appeal a misconduct/grievance to the Administrative Review Authority or Chief Medical Officer, and that this form is also a request for disbursement of funds from my rust fund draw account. If I do not have enough funds to cover this cost, the amount will be collected as soon as funds become signature of inmater.	Newly discovered/available evidence not considered by the reviewing authority, relevant to the issue, necessary for a proper decision, and why the evidence was not provide the reviewing authority, relevant to the issue, necessary for
The reviewing authority exceeded its authority be returning my guirance appeal unanswered. See  Little 1s. Jones (607 F. 3d 1245 (1046 Cir. 2010). Per  Prison Litigation Reform Act (PRA) 42 11.5. (1997(e))  I'm Bringing my complaint to the attention of the Administrative Review Authority or Chief Medical Officer, and that this form is also a request for disbursement of funds from my available.  Permy Styles of Inmate  Reform Styles of Inmate  Bignature of Inmate  Signature of Inmate  Signature of Inmate  Signature of Inmate	Probable error committed by the reviewing authority in the decision such as would be grounds for reversal (you must clearly state the error committed by the reviewing authority in the decision such as would be grounds for reversal (you
available.  Signature of Inmate  Tust fund draw account. If I do not have enough funds to cover this cost, the amount will be collected as soon as funds become	The reviewing authority exceeded its authority be returning my quirance appeal unanswered. "See Zittle Vs. Jones 607 F. 35 1345 (1046 Cir 2010). Per Prison Litigation Reform Act (PRA) 42 11.5. (1997(e) I'm bringing my complaint to the attention of the Adminstrative Leviewing, Authority. This facility is over Crowded.
/ I 101A	rust fund draw account. If I do not have enough funds to cover this cost, the amount will be collected as soon as funds become Signature of Inmate.

DOC 060125V (R 4/17)

# STATEMENT OF CLAIM

B. IF THE EVENTSARISE TO YOUR CLAIM AROSE IN AN INSTITUTION DESCRIBE WHERE AND WHEN THEY AROSE

THIS ISSUE BEGAN MANY YEARS AGO WHEN THE OKLAHOMA LegislATORS ENACTED LAW TO INCREASE THE PENALTIES OF Some CRIMES WITHOUT THE FURESIGHT TO ENSURE THERE Would BE adequate Bedspace OR Personel To Accomp date The INCREASED NUMBER OF INMATE. Some County, JAILARE Over CROWED WITH DEPARTMENT OF CORRectionAl (D.O. C) INMATE AAR 15 SO BACKLOGGED THAT INMATE ARE SOME Time Kept IN CONFINEMENT THERE FOR MANY WEEKS IN OVERCROWED AND INHUMANE GUARTERS THE OVER CAOWANG IS AN HOISSUE FROM THE TIME A CITIZEN 15 CHARGED UNTIL THE DAY AN INMATE WAILS OUT THE PRISON GATE I A150 Like To see THAT Medical guil TAKING MONEY OF INMATE BOOKS FOR THINGS THAT A INMATE dISNOT GEE ADROR ANY KIND OF MEDICAL CARE OR med

INJURIES 10F4

J. IF YOU SUNTAINED INJURIES RELATED TO

THE EVENTS Aleged ABOVE DESCRIBE

YOUR INJURIES AND STATE WHAT MEDICAL

TREATMENT IF ANY YOU REQUIRED AND DID

ORDIDNOT RECEIVE

MEATAL AND EmoTionAl IAM INTENTIONAL INFICTION OF MERTAL AND EMOTION A/ DISTRESS I AM A INMATE AT THE MINIUM SECURITY JESS DUNN CORRECTIONAL CENTER (JDCC) IN OKLAHOMA ALYCOMPLAINT I Claims THAT THE deFendants HAVE Act of WITH deliBerATC indiference Toward Serious danger Resulting From PRISON Overcrowding And underSTAFFing in PARTICULAR I Alleges THAT ONLY ONE CORRECTIONA! OFFICER 15 generally on duty To MONITOR ABOUT 250 INMATE Housed in Open dorms in my UNIT AND THAT ONLY ONE OFFICER AND SOMETIME NO OFFICER IS PERSENT ON THE UNIT I CLAIMS THAT OPEN do AMITORY HOUSING IS ESPECIALly dangerous Becouse it can NOT Be effectively Locked SOWN I CLAIMS THAT PRRVIOUS Open Space in my UNIT HAVE BEEN CONVERTED IN TO BUNK HOUSING leaving

2014

VIRTUALLY WITH NO UNENCUMBERED SPACE And I Alleges THAT STAFFING SHORTASES Render THE PRISON UNABLE TO discipline INMATE FOR INFRACTIONS I Also STATE THAT THESE CONDITIONS HAVING LED TO ENDEMIC PAdsoner on Prisoner Violence I HAVE WITNESSED FLEQUENT INMATE ON INMATE ASSAUITS IN THE OPEN DORM Housing And OUTSIDE IN THE YAND. I Also SAY THAT THE CONDITIONS PLACE PRISONER SAFETY AT SUBSTANTIAL RISK I THANK THATITIS A MATTER OF TIME BEFORE A MAJOR INCIDENTS OF VIOLENCE OUCCR. I THANK THAT THE Conditions of My Confinement Couse me To SUFFER Sleep deprivation And Anxiety They are Also Rodent in Festation in The Foodservice AREA AND Also IN THE dorm's I would like TO SAY THAT FOOD SCRIDICES Also SERVICE 3 TO 4 days Left over To THE IMMATE THey ARR Also long lines To Access To THE HEALTH Service DePARTMENT THE NURSES dePRIVE US OF PROPER HEAITH CARE By derying CARETHAT HAS A MediCAI NECESSITY And OR IS REQUESTED BY THE DOCTOR FOR THE INMATE

30F4

MANY TIMES THERE ARE NO OFFICERS PERSENT dURING THE INMATE MEALS INSIDE THE CHOW HAIL. THE ARE MORE People inside THAN WHAT THE CAPACITY THAT HAS BEEN SET By. THERE IS ONLY ONE DOOR TO Enter And Leave, FTROUBLE ARISES WE Would Be HAND TO PRESSED TO BE ABLE TO EXIT IN A SAFE And ORDERLY MANNER THERE ARE ISSUES REGARding our SAFETY BeFore we even enter THE CHOW HALL Becouse OF Line Cutting Also Rough Housing And INMATE BOTTle Necleing THE entrance 13 A sure Recipe FOR A Serious Safety Concean THE OFFicers do 1.TTle To NOTHING TO RESolve THIS HEAR AT JESS DUNN CORRECTIONAL CENTER (JACC) was made to Hold only 500 IMMATE And THE ARE ABOUT 1130 INPIATE HEAR AT THIS TIME AND THE FOOD HERE IS NOT Well PORTIONEDAS WE GO HUNGRY MORE OFFER THEN NOT IT Seems TO ME THAT ElemenTARY ScHool CHILDREN RECIVE A BISER BUANITY OF FOOD THEN WE do Also THE MUTRITIONAL VALUE OF THE Food THEN WE do Receive is surely

40F4

LACKING PER CAPITA COMPORING TO
THE SENERAL PUBLIC WE HAVE MORE
HEALTH ISSUES IN OUR POPULATION LIKE
HEART ATTACKS GALL Bladder diseuse
And diabetes in Not uncommon ATAIL
Medical Research HAS Found THAY
OLET CAN CERTAINLY CONTRIBUTE TO
THOSE HEALTH ISSUESS AND MORE IF JOOKED
INTO